



### COVID-19 SCREENING QUESTIONS



You are responsible for asking yourself these questions if you are entering the building.



**Fever/Chills**



**Cough**



**Difficulty breathing/  
Shortness of breath**



**Sore throat/  
Difficulty swallowing**



**Runny nose  
(unrelated to  
seasonal allergies)**



**Loss of taste  
or smell**



**Not feeling well,  
headache, unexplained  
tiredness and muscle aches**



**Nausea, vomiting,  
diarrhea,  
abdominal pain**



Yes

No

**In the last 14 days**, have you had close physical contact with a person who:

- was sick with a respiratory illness (had a new or worsening cough, fever or difficulty breathing)?
- has returned from travel outside of Canada in the last 14 days?
- was a confirmed or probable case of COVID-19?



Yes

No

**In the last 14 days**, have you travelled outside of Canada?

If you have answered YES to any of these questions, DO NOT enter the building. You must contact the North Bay Parry Sound District Health Unit for further instructions. The COVID-19 call centre is open Monday to Friday 8:30am to 4:30pm and you can reach them at 1-800-563-2808 Option 5.

*This questionnaire has been developed based on the Ontario Ministry of Health Self Assessment Tool*

*This questionnaire provides basic information only for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis, or treatment. The screening result is not equivalent to a confirmed diagnosis of COVID-19.*